Department of Community Affairs Division of Fire Safety

Phone: (609) 777-3552 Fax1: (609) 341-3469 Fax2: (609) 292-6831

Fire Officer 1 Challenge Exam Declaration Statement



| | Please Print |
|---|---|
| DFS ID Number: | (Example: 111111) |
| Your Name: | |
| Career FD Name/ County: | |
| Volunteer FD Name/ County: | |
| | |
| | |
| Exam Date: | |
| Exam Location: | |
| | |
| | |
| Declaration States | nent: |
| the Division of Fire S fire company, fire de | tify that the I possess an "Incident Management Level 1" certification issued by afety, and that I am currently, or have previously served as a fire officer within a partment, fire district or fire brigade. A "Fire Officer" shall be a Lieutenant, hief, Assistant Chief, Deputy Chief or Fire Chief. |
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